

## HISTORIC RESOURCES COMMISSION OF ASHEVILLE & BUNCOMBE COUNTY APPLICATION FOR MINOR WORK CERTIFICATE OF APPROPRIATENESS

	Application Date
Address of Property	PIN
	Use
Applicant Name	Telephone Number
Mailing Address	1
Property Owneryes no If not, specify relationship to project Owner Name	
Detailed Project Description (describ	pe project fully)
Supporting materials attached?	yes no
<ul> <li>application.</li> <li>Applications may be faxed to Asheville City Building or ma</li> <li>Complete application consists</li> </ul>	niliar with applicable design guidelines before completing 259-5428, delivered to the HRC Office in Room 505, ailed to the address at the bottom of this form. It is of this form (filled out and signed) and sufficient that the project (consult with HRC staff to tred).
The undersigned signifies that the ab	ove is true.
Name	Date